

Mrs. DINGELL. Madam Speaker, this month, we will pause on November 11th to honor the men and women who have selflessly served America in uniform. Veterans of the United States Armed Forces have dedicated their lives to protecting our nation, and it is critical we express our sincere gratitude for the sacrifices they have made.

I appreciate the opportunity to draw awareness to a critical issue affecting both veterans and current servicemembers—toxic exposure.

Toxic exposure has affected U.S. servicemembers for generations. While each war and conflict has posed unique hazards and health risks for servicemembers, our nation's youngest veterans are increasingly facing health consequences due to exposure to toxic chemicals during their military service in the Middle East.

Over the past two decades in the Middle East, open burn pits were commonly used as disposal sites for materials such as trash, weapons, batteries, and other waste. Servicemembers are concerned about the illnesses that are linked to exposure to the toxic fumes and smoke emitted by these burn pits, especially as some have begun developing rare cancers and illnesses at higher rates than their counterparts that were deployed to other parts of the world.

Michigan-native Kevin Hensley is one such veteran who has been deeply impacted by burn pits. Kevin is a veteran of the U.S. Air Force who was deployed to the Middle East eight times and stationed near open air burn pits during four of his deployments. After retiring and moving back to Wayne County in 2015, Kevin's health began rapidly deteriorating. By 2017, Kevin had been diagnosed with Constrictive Bronchiolitis, and later brain scans revealed serious damage from inhaling toxic smoke.

Kevin struggles with daily tasks, saying he finds it difficult to go grocery shopping without gasping for air. Equally upsetting, Kevin has faced challenges receiving care through the VA. Only in 2020 did the VA formally expand benefits for veterans suffering with illnesses related to exposure to burn pits. Still, veterans must shoulder a burden of proof, which requires them to precisely pinpoint where and when they may have been exposed to burn pits. As a result, the VA continues to deny an overwhelming number of burn-pit related disability claims.

Unfortunately, Kevin's story is one of far too many. Our nation's veterans deserve better, and we must recommit ourselves to this effort to ensure veterans receive the benefits and care they're entitled to.

That's why I'm a proud cosponsor of H.R. 3967, the Honoring Our Promises to Address Comprehensive Toxics Act of 2021. This bipartisan bill will provide vital support to veterans who have been exposed to burn pits and other toxins and ensure they can access crucial healthcare services through the VA.

I thank Rep. RUIZ for his steadfast leadership on toxic exposure and burn pits. I urge all my colleagues to support this important legislation and continue pursuing other legislative solutions that will ensure our servicemembers have access to the healthcare they deserve.

DO BETTER FOR VETERANS

(Mr. WELCH asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. WELCH. Madam Speaker, Vermonters have done their full measure of service throughout our history, and that is true in Iraq and Afghanistan. Two of our great soldiers, Sergeant Major Michael Cram and Brigadier General Michael Heston, both died of cancers that we believe were related to their exposures to burn pits.

Their wonderful widows, Pat Cram and June Heston, have been so vigilant and energetic in putting a focus on the devastation of these burn pits and played a major role in encouraging the VA to, A, get a registry; B, the Defense Department to stop exposing people to burn pits; and then, C, to have us presume that those who have been exposed to burn pits and developed a disease as a result of that are entitled to VA benefits. We must get this done.

AMERICA'S BUDGET WOES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the Chair recognizes the gentleman from Arizona (Mr. SCHWEIKERT) for 30 minutes.

Mr. SCHWEIKERT. Madam Speaker, as we get ourselves sort of organized, last Monday, I did an entire hour here on the floor—55 minutes—and we actually did a presentation up and down the budget. Not this budget cycle, but basically what does our country look like over the next 30 years? What is driving the projections of \$112 trillion of debt 29 years from now?

Look, it is one of those presentations that is rather uncomfortable for most of us because the punch line is demographics, and that is not what we typically do here. But the reality is, we have a real issue. We are getting old very fast as a society.

Let's do a bit of a reminder here and actually look at the math. We are going to walk through a couple of these that are the same as last week, but the difference tonight is we are going to try to talk about a handful of solutions. There is a big package of solutions, and most of them are really hard and are really going to be cantankerous around here, but there are solutions to deal with.

Let's actually first walk through where we are at today. Once again, I won't worry about 1965 in the mix. It is important that anyone watching this, fellow Members of Congress, understand.

Today, 2021, 77 percent of all the spending that will come from Washington is mandatory. Only 10 percent is defense; 13 percent is functionally what we vote on. I think there is a huge misunderstanding in the public that we march off to Congress and are voting on these \$4 trillion budgets. We are not. We are functionally voting on this little green wedge here that is discretionary spending.

So if I came to you right now and said, okay, what is driving the debt

over the next 30 years? I am going to show you a number of slides that are going to show the budget is in balance except for two things—Social Security and Medicare. And it is mostly Medicare.

Social Security is actually quite fixable. There is a number of levers. None of the levers will make anyone particularly excited or happy, but we once calculated we had 24, 26 different levers to make Social Security solvent and keep our promises.

Remember, Social Security and Medicare are earned benefits. It is a societal contract. We have an obligation to be there.

But Medicare is a really tough one, and we need to actually go back to having the honest conversation about what drives much of this debt. Well, if you see here, this is taxes paid in, benefits out for Social Security. You notice they are pretty much in balance. Social Security is a fairly square deal. You get a little bit of a SPIF, on average, for the average American.

Where the numbers get really difficult is the average American couple is going to put in about \$161,000 into the part A Medicare, which is only the trust fund for just the hospital portion. The pharmaceuticals, the other doctor visits, the other things are general fund. So when you are paying your FICA tax, you are paying this here.

But that average couple is going to get \$522,000 in benefits. So the differential from \$161,000 to \$522,000 is the driver of the vast majority of U.S. sovereign debt over the next 30 years. It is this differential here. It is not that complicated.

One of the great frustrations here is my brothers and sisters on the left will come behind the microphone and say things like: Well, if we had Medicare for All, or we expanded the ACA, ObamaCare. That is not true. If anyone just takes a quick breath and steps back—and, look, Republicans are guilty on part of this, too. Those are financing bills. The ACA was financing it, who got subsidized and who has to pay. Medicare for All is just a change of who pays. None of that is about what we pay. And the Republican alternative was the same. It was about who got subsidized and who had to pay.

So what we are going to talk about are some of the revolutions in what we pay, changing the cost of healthcare. But we first need to understand the scale of these. Look, this is functionally the same size as we just had, but it is important to understand that for every dollar in, particularly on Medicare, we get \$3 in benefits back. And now you start to do that with the demographics of the country.

This is just a graphic. So you see the orange here. That is us just getting old. That is just simply us moving into our benefit years. The green is healthcare costs. We have known people were going to turn 65 for how many years in this country? And we are still avoiding the issue.